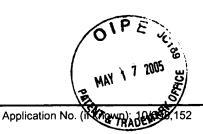
	<i>\$</i> / \∞	MAY 1 7 2005	or <u>Fax</u>	(703) 746-4000	for Patents ginia 22313-1450		
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for the respondence including the below or directed otherwise ns.	mitting the ISSU Ment, advance of Block	JE FEE and PUBLIC S and notification specifying a new o	CATION FEE (if req of maintenance fees correspondence addres	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for	r any change of address)		Fee(s) Transmittal, T papers. Each addition	of mailing can only be used this certificate cannot be used nal paper, such as an assignmente of mailing or transmission.	for any other accompanying nent or formal drawing, must	
Jonathan P. Osha ROSENTHAL & C Suite 2800 1221 McKinney St	OSHA L.L.P. OSHA 	A LIANG LL	P	I hereby certify that States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is bein with sufficient postage for fi ail Stop ISSUE FEE addres: PTO (703) 746-4000, on the	nsmission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor 8 name)	
105/19/2005 WABEL	0 LR3 00000122 10 6581 5 8	2				(Signature)	
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APPLICATION NO.	FILING DATE	-00 OP	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO. 5668	
APPLN. TYPE	RAKING DEVICE FOR M	AGNETIC TAPE A	· · · · · · · · · · · · · · · · · · ·	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
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				LASS-SUBCLASS	7		
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2			(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten	he names of up to 3 registered patent attorneys gents OR, alternatively, he name of a single firm (having as a member a stered attorneys or agent) and the names of up to gistered patent attorneys or agents. If no name is 3.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print	or type)			
№ PLEASE NOTE: Unless		elow, no assignee	data will appear on	he patent. If an assig	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	EE	(B	3) RESIDENCE: (CIT	Y and STATE OR CO	DUNTRY)		
Funai Elec	tric Co., Ltd.		Osaka, Ja	pan			
Please check the appropriate	assignee category or category	ries (will not be pr	inted on the patent):	Individual 🗹	Corporation or other private g	roup entity Government	
4a. The following fee(s) are Issue Fee	enclosed:	4b	o. Payment of Fee(s):	nount of the fee(s) is e	walacad		
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Advance Order - # of			The Director is Deposit Account Nu	hereby authorized by mber 50–059	charge the required fee(s), or (enclose an extra	r credit any overpayment, to copy of this form).	
5. Change in Entity Status a. Applicant claims Sl	(from status indicated above MALL ENTITY status. See				ALL ENTITY status. See 37 (
The Director of the USPTO NOTE: The Issue Fee and P		ue Fee and Publicat	tion Fee (if any) or to I from anyone other t Office.	re-apply any previous han the applicant; a reg	sly paid issue fee to the applic gistered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature	ufus B	eran —		Date 5	17/05		
Typed or printed name	JEFFRE	5. BE	ERGINAN)	Registration	n No. 45,425		
this form and/or suggestions 3ox 1450, Alexandria, Virgi Alexandria, Virgi Lexandria, Virginia 22313-	oplication form to the USPT for reducing this burden, slinia 22313-1450. DO NOT 1450.	O. Time will vary nould be sent to the SEND FEES OR C	depending upon the Chief Information COMPLETED FORM	ondividual case. Any conficer, U.S. Patent and IS TO THIS ADDRES	the public which is to file (ar minutes to complete, includi comments on the amount of t d Trademark Office, U.S. De SS. SEND TO: Commissioner t displays a valid OMB control	partment of Commerce, P.O. for Patents, P.O. Box 1450,	

PART B - FEE(S) TRANSMITTAL



Attorney Docket No.: 04995/117001

Certificate of Express Mailing Under 37 CFR 1.10

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on	May 17, 2005				
	Date				

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Denise M. Blocker				
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PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

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Fees pursuant to the Consolidate	ed Appropriatio	ons Act, 2005 (H.I		Application Num	nber	10/658,152-Cd		3
FEE TRA	NSM	ITTAL	_ /	Filing Date		September 9,		
	FY 200		!	First Named Inv		Ryuji Hayashi		
				Examiner Name		William Arauz	Rivera	
Applicant claims small	entity status.	See 37 CFR 1.2	.7	Art Unit		3654		
TOTAL AMOUNT OF PAY	MENT	(\$) 1,712.0	00	Attorney Docket	No.	04995/117001		·
METHOD OF PAYMENT	(check all t	that apply)						
Check X Credit Ca	ard N	Money Order	Nor	ne Other ((please ider	ntify):		
X Deposit Account Depos	it Account Numb	ber: <u>50-0591</u> [Deposit Acc	count Name:		Osha · Liang L	LLP	
For the above-identif	fied deposit	account, the D	Director is	s hereby authorize	ed to: (chr	eck all that apply)	,	
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fee(s) under 3	7 CFR 1.16	and 1.17				-		
1. BASIC FILING, SEARCH	AND EXA	MINATION FE	FS					
I. DAGIO I ILII. G. C.	•	IG FEES		ARCH FEES	EXAMI	INATION FEES	,	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity) Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100	1000	- aid (A)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	_	•						Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including	•	,					50	25
Each independent claim ove	л 3 (includin	ng Reissues)					200	100
Multiple dependent claims			F!		,	·- W-Is Danando	360 ant Claims	180
Total Claims Extra C		Fee (\$)	Fee r	Paid (\$)	_	Multiple Depende	ent Claims Fee Paid (\$	_'
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Indep. Claims Extra C	ClaimsF	Fee (\$)	Fee I	Paid (\$)	-			_
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3. APPLICATION SIZE FEE								
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4. OTHER FEE(S)		.,					<u>Fees</u>	Paid (\$)
Non-English Specification				ount)			17	ተባባ ባበ
Other (e.g., late filing sur	rcharge): 15	ว01 บนแห เจอ ร∩4 Publicati	iue i ee ion fee f	for early, volunta	arv. or no	ormal		100.00 00.00
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SUBMITTED BY 1 CO								
Signature	<u>53</u>	w 45,	925	Registration No. (Attorney/Agent)	33,986	6 Telephone	(713) 22	28-8600
Name (Print/Type) Jonathan	B Osha	3		(mine)		Date	May 17	7, 2005
<u> </u>								
I hereby certify that this corre	donce i	' denosit	d with t	II C Poetal Ser	dan as Fy	Troce Mail Airbill	No EV6449	72151115
in an envelope addressed to: shown below.	: MS Issue F	ee, Commissio	ner for P	atents, P.O. Box 14	450, Alexa	andria, VA 22313-	1450, on the	e date

Signature: War (Denise M. Blocker) Dated: May 17, 2005